

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>DeGingelo L. Hatch</u>	COURT CASE NUMBER <u>1:17 cr 357</u>						
DEFENDANT <u>The Department of Child Services</u>	TYPE OF PROCESS 						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <u>The Department of Child Services</u>							
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>201 E Ruldisill Blvd. Suite 200 Fort Wayne IN 46806</u>							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							
<input type="checkbox"/> <u>DeAngelo L. Hatch</u> <u>2707 N. Clinton St.</u> <input type="checkbox"/> <u>Fort Wayne IN 46805</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Number of process to be served with this Form 285</td> <td style="width:50%;"></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>	Number of process to be served with this Form 285		Number of parties to be served in this case		Check for service on U.S.A.	
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Fold

Signature of Attorney other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>260-415-7224</u>	DATE <u>9-26-17</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <p style="text-align: right;">\$0.00</p>
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REMARKS:

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PLAINTIFF <u>DeAngelo L. Hatch</u> <hr/> DEFENDANT <u>Crystal Graham</u> <hr/> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <u>Crystal Graham</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>201 E. Rudisill Blvd. Suite 200 Fort Wayne IN 46806</u> <hr/> SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <u>DeAngelo L. Hatch</u> <u>2707 N. Clinton St.</u> <u>Fort Wayne IN 46805</u> </div>	COURT CASE NUMBER <u>1:17 CV 957</u> <hr/> TYPE OF PROCESS <hr/> <hr/> <hr/> <hr/> <hr/>
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Fold

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Signature of Attorney other Originator requesting service on behalf of: <u>DeAngelo L. Hatch</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>260-415-7224</u>	DATE <u>9-26-17</u>
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Address (complete only different than shown above)				Date <hr/>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy <hr/>	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <p style="text-align: center;">\$0.00</p>

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

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PLAINTIFF <u>DeAngelo L. Hatch</u> DEFENDANT <u>Jennifer Fletcher</u>	COURT CASE NUMBER <u>1:17 CV 357</u> TYPE OF PROCESS						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <u>Jennifer Fletcher</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>201 E. Burtisill Blvd, Suite 200 Fort Wayne IN 46806</u>							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <u>DeAngelo L. Hatch</u> <u>2707 N. Clinton St.</u> <u>Fort Wayne IN 46805</u> </div> <div style="width: 35%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Number of process to be served with this Form 285</td> <td style="width: 50%;"></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table> </div> </div>		Number of process to be served with this Form 285		Number of parties to be served in this case		Check for service on U.S.A.	
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